



Municipal Court Request for Copy of Audio

Payment Due Upon Request

Requesting Party
or Firm: _____

Address: _____

City/State/Zip: _____

Phone No: _____

Contact: _____

Request for copy(s) of Audio Court Proceedings **Must be Submitted and Pre-Paid** to the Front Counter located at 200 Lewis Ave. Cash, Checks, Money Orders, Credit Cards and Debit Cards will be accepted. Please make Check and Money Orders payable to the City of Las Vegas. Please allow 72 Business hours for this request to be processed.

_____ \$25.00

_____ \$25.00

_____ \$5.00

CD-ROM (Computer Only) first 3 dates

DVD (DVD Player Compatible) first 3 dates

ADDITIONAL DAYS

Defendant Name: _____

Cases: _____

Dept: _____

Judge: _____

Date(s) Requested: _____

* ITEMS BEYOND 90 DAYS ARE SUBJECT TO DISPOSAL WITHOUT REFUND.

* REFUNDS UNDER \$15.00 REQUIRE WRITTEN REQUEST FROM CUSTOMER.

IF YOU HAVE ANY QUESTION PLEASE CONTACT 702-229-2157

FOR OFFICE USE ONLY

Request Received: _____

Request Received by: _____

Request Completed by: _____

Defendant Notified: _____

Time: _____